

ASS. REC. BY:

REF:

CS/TM119004194/K1V43

n2

Special Instruction:

Survivor: *Calvin*

ASSIGNMENT (Office)

From (Person): *Telma Gomez*

of

TM

Date/Time:

06/3/19 @ 4:28P

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHD 65094

Insured:

SLK 2928K

at Workshop m/s

CDGE

Tel:

of

Loyang

Policy No:

MK000196

Claim No:

M1901428

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05/3/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	<i>SHD 65094 x</i>
	<i>SLK 2928K x</i>

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repair:

days

Res.: Yes or No

D.O.A.

6/3/19

D.O.I.

7/3/19

Lum Sum:

%

J Val.: Yes or No

Survey held at

CDGE (Loyang)

CA / REV / REP. / 24 HRS

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooflop or

n/s Rn

Date:

Person Contacted:

Vehicle: IN/OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>11/3/19</i>	<i>Wound c/s \$3300 / 4 Rys (Red 1667.12, 339u) To Kio 41</i>

RECEIVED 12 MAR 2019

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

4

1)

☐

: Final Report

Resurvey No. of Trip:

1

Survey Fee:

250

Date/Time, File Return to?

Transportation:

*10**11/3 - typist**merimen**LS**\$3300k**260*